

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000117829

FILED  
Jun 27, 2007  
Secretary of State

Entity Name: SILVA GENERAL SERVICES, CORP

**Current Principal Place of Business:**

5027 24TH STREET SW  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

9822 BERNWOOD PLACE DR  
101  
FORT MYERS, FL 33966

**Current Mailing Address:**

5027 24TH STREET SW  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

9822 BERNWOOD PLACE DR  
101  
FORT MYERS, FL 33966

FEI Number: 20-3363181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAX HOUSE CORPORATION  
1261 E. SAMPLE RD  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: C DE AQUINO, EUGENEIO  
Address: 5027 24TH STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete  
Name: DA SILVA, EVALDO E  
Address: 5027 24TH STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D (X) Delete  
Name: DA SILVA, IVONEIDE L  
Address: 5027 24TH STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33971

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: C DE AQUINO, EUGENEIO  
Address: 9822 BERNWOOD PLACE DR - APT 101  
City-St-Zip: FORT MYERS, FL 33966

Title: VD (X) Change ( ) Addition  
Name: DA SILVA, ALCINDO J  
Address: 9822 BERNWOOD PLACE DR - APT 101  
City-St-Zip: FORT MYERS, FL 33966

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVA GENERAL SERVICES, CORP

PD

06/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date